

Network Infrastructure Services Agency (NISA)

LOGONID REQUEST FORM

Please forward to the address at the bottom of this page. Improper submissions will be returned. **PART A SHOULD BE TYPED.**

PART A

1. FULL NAME _____ 2. SSN _____
(LAST) (FIRST) (MI)
3. RANK/GRADE _____ DEROS: _____ (PCS from Korea)
4. COMPO (1-Active Army, 2-National Guard, 3-Reserve) _____
- 4A. ORGANIZATION / UNIT _____ POST/CAMP _____
- 4B. OFFICE SYMBOL _____ APO _____
5. OFFICE PHONE: (COMMERCIAL) (_____) _____ DSN: _____
6. STATE ANY PREVIOUS NISA LOGONIDS ISSUED: _____

PART B

I certify that I have read, understand, and will comply with the security policies and procedures described in the "User Responsibilities" section of this form. I know that any violations of these procedures by me, any unauthorized use of Government resources, or withholding knowledge of any suspected violation may result in termination of user privileges on the NISA system and submission of a report to my supervisor.

SIGNATURE _____ DATE _____

PART C - SECURITY VERIFICATION

****Minimum requirement is at least a Favorable National Agency Check****

1. I certify that _____ holds a valid clearance level of _____
- Issued _____ by _____
(DD/MM/YY) (ISSUING AGENCY)

Type of investigation _____ Date completed _____

2. I have reviewed this request and certify that the applicant has need for access and has been briefed on terminal area security.

CIRCLE THE SYSTEM(S) TO ACCESS: **ATRRS MODS OTHER** _____

Security Manager _____
(TYPE / PRINT NAME) (SIGNATURE) (PHONE#)

3. REQUESTOR'S ORGANIZATION MAILING ADDRESS _____

NO ACRONYMS PLEASE ATTN: _____

(STREET ADDRESS, P.O. BOX)

(CITY) (STATE) (ZIP)

In Korea fax or bring completed form to Thomas J. Dembeck, Bldg 5447, Yongsan, Seoul. Phone: DSN 736-4004; FAX: DSN 736-3028
E-mail: thomas.dembeck@kor.amedd.army.mil or dembecktj@usfk.korea.army.mil

Otherwise, ISSO/COR must fax this form to: MODS Support Team ATTN: MODS Help Desk; Comm: (703) 681-4983

CONTRACTOR INFORMATION

1. COMPANY _____ 2. CONTRACT# _____
 3. EFFECTIVE DATE _____ 4. EXPIRATION DATE _____
 5. COR/COTR _____
 (TYPED NAME) (SIGNATURE) (PHONE)

INSTRUCTIONS

PART A

#4. Use official organization and office symbol. Contractors must enter COTRs Office Symbol.

PART B

ALL APPLICANTS MUST READ AND SIGN.

PART C

1. Personnel must have at least a satisfactory NAC, verified by their security office.
2. You may not verify your own clearance.
3. Requestor Organization's complete address, no acronyms please. Include room and building numbers required for return mail.
4. **CONTRACTORS** are required to submit Visit Authorization Request (**VAR**) signed by their Corporate Security Officer.

ISSO/COR must fax this form to: MODS Support Team ATTN: MODS Help Desk
Comm: (703) 681-4983

5. Once you have received your MODS logon id, you **must mail the original form to:** **MODS Support Team**
Attn: MODS Help Desk
3025 Hamaker Ct., Ste. 100
Fairfax, VA 22031

USER RESPONSIBILITIES

- A.** Adhere to security requirements for all remote terminals, individual passwords, and data transmitted to and from the NISA ADP Systems.
- B.** Handle all information from the NISA data base containing personal privacy act information as sensitive data and comply with provisions of the Privacy Act and other published security procedures.
- C.** Follow proper LOGON and LOGOFF procedures.
- D.** Ensure each remote terminal is active only when an authorized terminal operator is present and using the equipment. Any violation of this procedure is a breach of security. Prior to leaving the terminal, each user must properly LOGOFF to ensure access cannot be gained without initiating proper LOGON procedures.
- E.** Prevent unauthorized disclosure or transfer of systems entry features from one user to another. **DO NOT SHARE TERMINAL SESSIONS or PASSWORDS.** Violations of this will result in suspension from access.
- F.** Do not transmit and/or extract classified data via unclassified remote terminals.
- G.** Report suspected security violations to your supervisor and Security Manager.
- H.** Do not attach privately owned equipment to the NISA computers.
- I.** Fill out the NISA LogonID Request form completely, incomplete forms will be returned.
- J.** Change **PASSWORDS** at least once within a 90-day period. The **PASSWORDS** are computer generated, but the process must be initiated by the user.